

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/520204

APPENDIX(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			2			
4			2			
5			2			
6			2			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
15			X			
16			X			
17			1			
18			X			
19			X			
20			1			
21			1			
22			1			
23			1			
24			1			
25			1			
26			1			
27			1			
28			1			
29	1		1			
30			1			
31			2			
32			2			
33			1			
34			1			
35			1			
36	1		1			
37	1		X			
38			X			
39			X			
40			X			
41						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	41		33			
TOTAL CLAIMS	45		37			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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